DEPARTMENT OF THE NAVY
BOARD FOR CORRECTION OF NAVAL RECORDS
2 NAVY ANNEX
WASHINGTON DC 20370-5100

JRE
Docket No: 1531-99
24 July 2000

[redacted]

Dear [redacted]

This is in reference to your application for correction of your naval record pursuant to the provisions of title 10 of the United States Code, section 1552.

A three-member panel of the Board for Correction of Naval Records, sitting in executive session, considered your application on 20 July 2000. Your allegations of error and injustice were reviewed in accordance with administrative regulations and procedures applicable to the proceedings of this Board. Documentary material considered by the Board consisted of your application, together with all material submitted in support thereof, your naval record and applicable statutes, regulations and policies. In addition, the Board considered the advisory opinion furnished by the Specialty Leader for Gastroenterology dated 5 May 2000, and the Director, Naval Council of Personnel Boards dated 19 June 2000, and your rebuttal thereto. A copy of each opinion is attached.

After careful and conscientious consideration of the entire record, the Board found that the evidence submitted was insufficient to establish the existence of probable material error or injustice. In this connection, the Board substantially concurred with the comments contained in the advisory opinion concerning your diagnoses and combined disability rating percentage. As you would not be accorded any effective relief by correcting the findings of the Physical Evaluation Board to show that you were unfit for duty because of Crohn's disease rated at 10%, rather than because of gastroesophageal reflex disease, also rated at 10%, it declined to make that correction.

In view of the foregoing, your application has been denied. The names and votes of the members of the panel will be furnished upon request.

It is regretted that the circumstances of your case are such that favorable action cannot be taken. You are entitled to have the Board reconsider its decision upon submission of new and material evidence or other matter not previously considered by the Board. In this regard, it is important to keep in mind that a presumption of regularity attaches to all official

records. Consequently, when applying for a correction of an official naval record, the burden is on the applicant to demonstrate the existence of probable material error or injustice.

Sincerely,

W. DEAN PFEIFFER
Executive Director

Enclosure

DEPARTMENT OF THE NAVY
NAVAL COUNCIL OF PERSONNEL BOARDS
WASHINGTON NAVY YARD
720 KENNON STREET SE RM 309
WASHINGTON, DC 20374-5023

IN REPLY REFER TO

5420
Ser: 00-11
19 June 2000

From: Director, Naval Council of Personnel Boards
To: Executive Director, Board for Correction of Naval Records

Subj: REQUEST FOR COMMENTS AND RECOMMENDATION IN THE CASE OF FORMER [redacted]

Ref: (a) Chairman, BCNR JRE DN: 1531-99 ltr of 11 May 2000
(b) SECNAVINST 1850.4D

1. This responds to reference (a) which requested comments and a recommendation regarding petitioner's request for correction of his record to show that he was entitled to disability retirement at the time of his discharge from the naval service in 1996. We have determined that petitioner's medical records do not support a disability separation with retired pay.

2. The petitioner's case history, contained in reference (a), was thoroughly reviewed in accordance with reference (b) and is returned. The following comments and recommendation are provided.

a. With some allowance for benefit of the doubt, it is plausible that the petitioner's Crohn's Disease existed while he was on active-duty; hence, correction of the diagnosis, as recommended by the Bureau of Medicine Specialty Leader for Gastroenterology, is reasonable and supported by the evidence. Indeed, the petitioner's overt reflux symptoms were not mentioned in the contemporary Health Record available to the Physical Evaluation Board in 1995/96.

b. Notwithstanding the above, in the absence of tangible evidence in the record of truly disabling flares of Chrohn's Disease or chronic systemic impairment, the disability rating percentage assigned petitioner by the PEB would appear to have been correct.

3. In summary, there is insufficient evidence in the record to support a correction of the petitioner's records to reflect entitlement to disability retirement pay. A change to the petitioner's records to reflect a diagnosis of Chrohn's Disease at the time of his discharge is warranted.

4. Deny petition for disability retirement pay, but correct records to reflect the following diagnoses:

Category I: All Unfitting Conditions:

7. Crohn's Disease	7399-7323	10%
4. Chronic Sinusitis(4739)	6513	10%
5. Hypertension Mild(4019)	7101	0%
		19=20%

Subj: REQUEST FOR COMMENTS AND RECOMMENDATION IN THE CASE OF FORMER [redacted]

Category II: Those Conditions That Contribute To the Unfitting Condition:

1. Gastroesophageal Reflux Disease(53081) }
2. Antritis Mild Helicobacter Negative } Contributes to DX#1
3. Refactory Abdominal Pain(7890) }

Category III: Conditions That are not Separately Unfitting and do not Contribute to The Unfitting Condition:

6. Hyperlipidemia(2722)

W. F. ECKERT

Specialty Leader for Gastroenterology
United States Navy

05 May 2000

From: CAPT D. Michael Jones, MC USN
To: Chairman, Board For Correction of Naval Records

Subj: APPLICATION FOR CORRECTION OF NAVAL RECORDS IN THE CASE OF FORMER [redacted]

1. I reviewed all documents supplied in the case o[redacted] including the medical records, service record, and Veterans Administration records. The following comments and recommendations are provided.

2. The member was discharged from active military service on 02 July 1996 due to the findings of a Physical Evaluation Board. He was awarded a 10% rating for gastroesophageal reflux disease and 10% for sinusitis. Mild hypertension, antritis, and refractory abdominal pain were contributory but carried no rating.

3. On 14 April 1998 the Veterans Administration approved additional service connection for Crohns Disease based upon diagnostic findings at colonoscopy performed on 25 April 1997. The date of disability for Crohns Disease was backdated to the time of discharge from military service.

4. A review of the medical record during the period of active military service strongly suggests that the member had undiagnosed Crohns Disease while on active duty. An air contrast barium enema performed in March 1990 was normal without evidence of Crohns colitis, but the terminal ileum was not visualized. An UGI Endoscopy performed in January 1991 revealed "multiple deep antral erosions" that may have been consistent with gastroduodenal Crohns Disease. The finding was not pursued further although treatment with anti-ulcer drugs did not relieve the pain. An UGI Endoscopy was repeated in May 1996 and found to be "normal," but barium studies of the gastroduodenal sweep, small bowel, or terminal ileum were not performed.

5. Because of the often insidious and slowly progressive course of Crohns Disease, we must assume that the condition predated its definitive diagnosis by the Veterans Administration by many months to years. As illustrated above, the military medical system did not conclusively exclude the diagnosis of Crohns Disease, nor was the diagnosis considered at any point in the protracted workup for unexplained abdominal pain.

6. I recommend that the Naval records be corrected to indicate that Crohns Disease existed prior to discharge. The Veterans Administration records support a diagnosis of ileocolonic Crohns Disease. They do not document a diagnosis of gastroduodenal Crohns Disease (which would indicate more severe involvement with a potential for greater disability rating), but gastroduodenal Crohns Disease remains a possibility in this case.

D. Michael Jones

D. Michael Jones
CAPT MC USN
Specialty Leader, Gastroenterology